

NORTH CAROLINA DEPARTMENT OF HEALTH AND
HUMAN SERVICES



DISASTER PREPAREDNESS, RESPONSE AND
RECOVERY PLAN

Division of Mental Health, Development Disabilities,
and Substance Abuse Services

2004-2005

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SECTION 1 – OVERVIEW

INTRODUCTION

Upon the occurrence of natural and human-caused disasters, North Carolina is required, by Federal legislation, to provide early intervention to the survivors. This responsibility is coordinated at the state level by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and at the local level by the Local Management Entities (LMEs). The responsibilities of the LMEs are contained in the State Fiscal Year 2004-2005 contract between the North Carolina Department of Health and Human Services and the Local Management Entities.

STATUTORY AUTHORITY

The Robert T. Stafford Disaster Relief and Emergency Assistance Act and Miscellaneous Directives of P.L. 100-707 establishes the requirements that State Emergency Preparedness Offices plan for providing mental health crisis counseling services in human-caused or natural disaster response and recovery. Section 416 of this act specifically addresses the mental health function. The law states:

The President is authorized to provide professional counseling services, including financial assistance to state and local agencies or private mental health organizations to provide such services or training of disaster workers, to victims of major disasters in order to relieve mental health problems caused or aggravated by such major disaster or its aftermath.

North Carolina General State Statute 166A-6, the North Carolina Emergency Management Act, Article 1 of the North Carolina Emergency Management Act of 1977 states that in a state of disaster, the Governor shall have the power “to utilize all available State resources as reasonably necessary to cope with an emergency, including the transfer and direction of personnel or functions of State agencies or units thereof for the purpose of performing or facilitating emergency services.”

OPERATIONAL AUTHORITY

The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) has delegated operational authority and responsibility for disaster preparedness, response and recovery planning, including training and implementation to the Planning Team Leader. It is the responsibility of the Planning Team Leader serving in the capacity as Disaster Response Leader to ensure that all activities associated with disaster preparedness and recovery planning are implemented.

The Division’s Coordinator of Disaster Preparedness, Response and Recovery (Disaster Coordinator) is a member of the Division’s Planning Team and the Disaster Response Team. This individual will serve as the lead contact person between the Division and the State Emergency Response Team (SERT).

OVERALL MISSION OF THE DIVISION OF MH/DD/SAS

The mission of the Division of MH/DD/SAS states that...

North Carolina will provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.

Guiding Principles

- Treatment, services and supports to individuals and their families shall be appropriate to needs, accessible and timely, consumer-driven, outcome oriented, culturally and age appropriate, built on individual strengths, cost effective and reflect best practices.
- Research, education and prevention programs lower the prevalence of mental illness, developmental disabilities and substance abuse; reduce the impact or stigma; and lead to earlier intervention and improved treatment.
- Services should be provided in the most integrated community setting suitable to the needs and preferences of the individual and planned in partnership with the individual and/or family.
- Individuals should receive the services needed based on a person-centered plan and in consideration of any legal restrictions, varying levels of disability, and fair and equitable distribution of system resources.
- System professionals will work with individuals and their families to help them get the most from services.
- Services shall meet measurable standards of safety, quality and clinical effectiveness at all levels of the mental health, developmental disabilities and substance abuse system and shall demonstrate a dedication to excellence through adoption of a program for continuous quality improvement.
- All components of the mental health, developmental disability and substance abuse system shall operate efficiently.

Vision

- Public and social policy toward people with disabilities will be respectful, fair and recognize the need to assist all that need help.
- The state's service system for persons with mental illness, developmental disabilities and substance abuse problems will have adequate, stable funding.

- System elements will be seamless: consumers, families, policymakers, advocates and qualified providers will unite in a common approach that emphasizes support, education/training, rehabilitation and recovery.
- All human services agencies that serve people with mental health, developmental disabilities and/or substance abuse problems will work together to enable consumers to live successfully in their communities.

MISSION OF THE DIVISION OF MH/DD/SAS AS IT RELATES TO DISASTERS

In times of disaster, it is clear that the mission of the Division of MH/DD/SAS becomes especially urgent with respect to ensuring that the state's overall preparation, response, and recovery efforts include activities that address the impact of disasters upon the mental health of and substance abuse/use by the children and adults of North Carolina.

The Division of MH/DD/SAS provides leadership in addressing the mental health and substance abuse/use needs of survivors, including those with mental health, developmental disabilities, and substance abuse disorders, in times of disaster. Setting policy for disaster preparedness, response, and recovery activities serves to authorize the implementation of the disaster preparedness, response, and recovery plan (hereinafter referred to as the disaster plan).

In collaboration with State MH/DD/SAS institutions and Local Management Entities, the Division of MH/DD/SAS establishes expectations of the roles that State MH/DD/SAS institutions and Local Management Entities play prior to, during, and in the aftermath of disasters.

The Division of MH/DD/SAS ensures service provision (e.g., early intervention) and secures the resources (e.g., MH/DD/SAS personnel and disaster education materials) that will be needed in the areas that are affected by disasters, by coordinating with agencies that are funded by the Division of MH/DD/SAS (e.g., Local Management Entities and State MH/DD/SAS institutions) as well as with other state Divisions (e.g., Emergency Management, Social Services, Aging and Adult Services, Child Development, and Public Health) and Departments (e.g., Health and Human Services and Crime Control and Public Safety), and non-governmental organizations (e.g., American Red Cross, North Carolina Psychological Foundation's Disaster Response Network and North Carolina Critical Incident Stress Management, Inc.).

The Division of MH/DD/SAS establishes an adequate data collection system that will assess the impact of disasters and monitor the outcomes of the disaster plan's implementation. Consumers' concerns must be addressed and incorporated into the disaster plan of the Division of MH/DD/SAS, and a system for addressing such concerns must be in place during and after a disaster.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN

In addition to the above mission-related activities in times of disasters, the North Carolina Emergency Operations Plan has delineated the following responsibilities to the Division of MH/DD/SAS.

1. Mass Care

Mass Care consists of activities to provide shelter, feeding, first aid and distribution of relief supplies to disaster survivors, following a catastrophic natural disaster or other catastrophic event. "Each agency assigned to Mass Care activities will develop disaster plans that have been coordinated through the Mass Care primary agency. These plans are to be operational in nature and will be used upon activation of Mass Care along with necessary supporting documents." (p. A-3-H-3)

With the Division of Social Services (DSS) functioning as the Primary Agency that is responsible for CF 6 (Mass Care), the Division of MH/DD/SAS will function as a Support Agency. The Division of MH/DD/SAS will collaborate with DSS, as well as with other Support Agencies to carry out the Mass Care services needed. The scope of the Mass Care function for the Division of MH/DD/SAS is to provide for mental health counseling to disaster victims. Specifically, the Division of MH/DD/SAS will be responsible for:

- a. Coordinating with the SERT Emergency Services Branch to provide counseling services to disaster victims during shelter stays, and
- b. Coordinating with the SERT Emergency Services Branch to assist with critical incident stress debriefing for emergency workers, preparing data for requesting federal crisis counseling assistance as necessary.

2. Disaster Medical Services

With the Division of Facility Services (DFS) and the Office of Emergency Medical Services (EMS) functioning as the Primary Agencies for Disaster Medical Services, the Division of MH/DD/SAS will function as a Support Agency. The Division of MH/DD/SAS will collaborate with DFS and EMS, as well as with other Support Agencies to carry out the Disaster Medical Services needed. Specifically, the Division of MH/DD/SAS will be responsible for:

- a. Providing available personnel and space at regional psychiatric institutions, Developmental Centers, Alcohol, Drug Abuse Treatment Centers, schools for emotionally disturbed children, and the N.C. Special Care Center in Wilson in support of area mental health programs, as the situation may warrant,
- b. Coordinating and directing assistance in mental health and crisis counseling matters,
- c. Maintaining liaison with the Center for Mental Health Services, the Federal Emergency Management Agency, and other appropriate federal agencies,
- d. Confirming, consolidating, and evaluating information from local governments and determining the need for federal assistance for disaster-related crisis counseling needs,
- e. Arranging for and supporting crisis counseling services as needed, and
- f. Providing consultation and operational guidance and training for Critical Incident Stress Management teams to ensure program objectives are maintained.

ORGANIZATIONAL STRUCTURE AND OVERVIEW OF RESPONSIBILITIES

The North Carolina Department of Health and Human Services is responsible for establishing policy that governs the administrative actions of the Director of the Division of MH/DD/SAS. The Director of the Division of MH/DD/SAS, in turn, has delegated operational responsibility for disaster preparedness, response and recovery planning, including training and implementation, to the Planning Team Leader who shall serve as Disaster Response Leader.

Operational responsibilities of the Disaster Response Leader are as follows:

1. Preparation of a Disaster Plan for the Division of MH/DD/SAS.
2. Obtain Management approval of the Disaster Plan.
3. Activate the Division's Disaster Plan and corresponding Operations Plan.
4. Appropriate delegation of administrative responsibility for the implementation of Division of MH/DD/SAS Emergency Operations Center (Division of MH/DD/SAS EOC) to the Disaster Coordinator of the Division of MH/DD/SAS.
5. Consult with Local Management Entities and State MH/DD/SAS Institutions about planning for and managing their response to local disasters.
6. Ensure that disaster response and recovery training is developed and implemented for Division of MH/DD/SAS staff.

RESPONSIBILITIES OF DIVISION STAFF

1. Overall Responsibility

- a. The Disaster Response Leader supervises all disaster coordination activities and serves as the Leader of the Disaster Response Team.
- b. The Disaster Coordinator will coordinate statewide mental health response and recovery activities. The team's operations will be housed in the MH/DD/SAS Emergency Operations Center, which will be separate from but having electronic connectivity with the State Emergency Operations Center.

2. Interagency Coordination

- a. The Disaster Response Leader or his/her designee serves as the Administrative Representative of the Division of MH/DD/SAS to the State Emergency Response Team (SERT). The Administrative Representative will be authorized to identify and deploy resources of the Division of MH/DD/SAS for the disaster response and recovery efforts.
- b. The Disaster Response Leader will ensure that a member of the Disaster Response Team functions as a liaison between the Disaster Response Team and the State Emergency Operations Center. The liaison person will be stationed at the State Emergency Operations Center to perform a liaison function (i.e., communicate the need for resources and

- implement any deployment of resources that may be authorized by the administrative representative).
- c. The Disaster Response Leader serves as primary liaison with state and county Emergency Operations Centers as needed.
 - d. Disaster Response Leader will be responsible for the activation of the Disaster Response Team.
 - e. Disaster Response Leader will coordinate the overall clinical response to disasters with the assistance of the Division's Chief of Clinical Policy, when and if such a response is needed.
 - f. Disaster Response Leader or his/her designee will coordinate with the Division of Public Health's Epidemiology personnel regarding the collection of data on the mental health impact of disasters.
 - g. Disaster Response Team will coordinate staff coverage at Disaster Response Centers, state and local Emergency Operations Centers, shelters, Disaster Field Office, and other sites as needed.
 - h. Disaster Response Team will coordinate with the Divisions of Social Services (DSS), Public Health, and Emergency Management Services regarding MH/DD/SAS personnel's participation on Community Health Assessment Teams (CHATs) and/or the Community Relations Teams. The Division of Emergency Management will be the lead agency for those teams.
 - i. Disaster Response Team will coordinate with the Divisions of Public Health, Aging and Adult Services, and Child Development with respect to disaster-related educational activities and early intervention.
 - j. Disaster Response Team will coordinate with the North Carolina Psychological Foundation's Disaster Response Network to obtain the services of disaster-trained MH/DD/SAS professionals, when such additional assistance is needed.
 - k. Disaster Response Team will coordinate with the American Red Cross to ensure disaster-related MH/DD/SAS coverage in American Red Cross shelters and disaster application centers, when such assistance is needed.
 - l. Disaster Coordinator will coordinate mutual aid agreements with the Mental Health Departments/ Divisions of Virginia, South Carolina, Tennessee and other states with respect to disaster response.
 - m. Disaster Coordinator will coordinate assessments of other state and local agencies regarding the needs of persons with disabilities before, during, and after disasters.
 - n. Disaster Coordinator will coordinate with the DHHS Careline Information and Referral Services, regarding disaster-related mental health and early intervention resources.

3. Communication

- a. The Communication and Training Team Leader will coordinate media relations with the DHHS' Office of Public Affairs.
- b. The Communication and Training Team will ensure the development and maintenance of a library of brochures and educational materials for public

dissemination. These materials will be available in special formats for non-readers or persons with other communication needs.

- c. The Communication and Training Team will provide regular updates to the Web site of the Division of MH/DD/SAS regarding disaster response and recovery activities.
- d. Communication and Training Team will coordinate printing in the event these materials are not readily available.

4. Volunteers

- a. A Disaster Response Team member will be the Disaster Coordinator and with the assistance of the members of the Disaster Response Team will function as liaison to volunteer services outside of the Division of MH/DD/SAS, and coordinate volunteer response.
- b. The Disaster Coordinator will ensure that identification badges for disaster responders who work under the supervision of the Division of MH/DD/SAS are provided.
- c. The Disaster Coordinator will coordinate disaster responders from the Division of MH/DD/SAS, unaffected State MH/DD/SAS institutions and Local Management Entities.
- d. The Disaster Response Team will be responsible for assigning personnel from the Division of MH/DD/SAS to participate in the multi-disciplinary CHATs and/or Community Relations Team.

5. Assessments and Data Tracking

- a. The Quality Management Team will be responsible for obtaining data on the current demographics of the disaster-affected counties, for the purpose of completing FEMA or other grant applications.
- b. The Disaster Response Leader will provide supervision of and assistance to Needs Assessment Teams and the Quality Management Team will be responsible for the organization and reporting of collected data from crisis counselors for purposes of supporting grant applications and documenting grant implementation.

6. Grants

- a. The Disaster Coordinator and the Grants Coordinator of the Division of MH/DD/SAS will be responsible for completing the FEMA crisis counseling grants and any other pertinent grants to obtain resources for the Division immediately following a disaster.
- b. The Disaster Coordinator will provide supervision of the development of the FEMA Immediate Services Grant for crisis counseling services and any other pertinent grants.
- c. The Disaster Coordinator will provide supervision of the development of the FEMA Regular Services Grant for crisis counseling services and any other pertinent grants.

- d. The Disaster Coordinator will provide supervision of implementation of the grants for crisis counseling and any other pertinent grants.

7. Equipment and Supplies

- a. The Disaster Response Leader in consultation with the Division Director, the Chief of Clinical Policy, and the Contracts Team Leader will coordinate the procurement and logistical planning for equipment and supplies necessary to meet the needs of division staff in response to a disaster.
- b. The Information Systems Team will assist in coordinating the hardware, software, and communication equipment needed to establish MH/DD/SAS EOC as well as the alternate EOC.

8. Security

- a. If on-site security is needed for Division of MH/DD/SAS staff, volunteers, Needs Assessment, or Early intervention teams in disaster areas, it is recommended that these persons contact the local law enforcement agency.

9. Provision of Personnel

- a. The DMH/DD/SAS Office of Human Resources will expedite approval for hiring of state-level coordination staff to manage FEMA crisis counseling grants.
- b. The DMH/DD/SAS Office of Human Resources will facilitate the personnel process to allow DMH/DD/SAS clinical staff (e.g., nurses, social workers, counselors, psychologists, psychiatrists, child mental health staff, etc.) and paraprofessionals to respond to disasters where needed.
- c. The Disaster Response Team will ensure that child mental health staff will be included on early intervention teams.
- d. The Disaster Response Team will ensure that disaster response/recovery services are accessible to sign language users.
- e. The Disaster Response Team will ensure that culturally competent disaster mental health response services are available to minority populations affected by the disaster.
- f. All DMH/DD/SAS Sections and Institutions assisted by the Division's Planning Team shall develop and update a list of key staff's' telephone numbers, pager numbers, home addresses, fax numbers, and e-mail addresses.

10. Policies/Procedures

The Office of Human Resources assisted by the DHHS Office of Personnel will develop policies and procedures that would govern unusual personnel actions which may require staff to respond in emergencies.

11. Legal

Legal consultation, advice, and assistance for unusual circumstances will be sought through the DHHS Office of Legal Affairs or the Office of the Attorney General.

12. Counseling for Responders

- a. The Disaster Response Leader will ensure that trauma counseling/debriefing services for the Disaster Response Team and for Division of MH/DD/SAS employee responders are provided.
- b. The Disaster Coordinator will provide supervision of the voluntary counseling process and procedures for Division of MH/DD/SAS employees and volunteers who engage in disaster response.

13. Early intervention

- a. The Disaster Coordinator will provide supervision of implementation and maintenance as the Project Manager of FEMA-funded crisis counseling programs related to disaster response and recovery.
- b. The Disaster Coordinator will coordinate the deployment of the Early intervention Teams of the Division of MH/DD/SAS, and provide overall supervision of the Teams' activities.

14. Training/Education

The Communications and Training Team will coordinate training and education that will focus on cultural competency, early intervention, the mental health and substance abuse effect of terrorism or bioterrorism and other training as necessary, including trauma interventions and grief counseling.

15. Training/Education by AP/ LME

Each Local Management Entity should ensure that education is provided to persons with mental health, developmental disabilities, and substance abuse disorders, regarding personal preparation for a disaster, access to disaster-related services, and a plan for restoration of community services in the event of a disaster. The Disaster Response Leader of the Division of MH/DD/SAS and/or the Disaster Coordinator will provide consultation to the Local Management Entities, upon request, including a packet of suggested educational materials.

- a. The Communication Team will ensure the availability of a training curriculum and coordinate the training needed for clinical staff regarding counseling.
- b. The Communication Team will ensure the availability of a training curriculum and coordinate training of the Disaster Response Team members regarding disaster mental health team management and supervision.
- c. The Communication Team will ensure the availability of training and orientation and will coordinate the training and orientation of Division of

- d. MH/DD/SAS disaster responders, including the Needs Assessment and Early intervention Teams.
- e. The Communication and Training Team will ensure that Division of MH/DD/SAS employees who participate on the CHATs and/ or Community Relations Team will receive appropriate training prior to the disaster, and/or prior to going into the field.

16. Special Populations

- a. The Deaf and Hard of Hearing Specialist will ensure the availability of counselors for the Deaf and Hard of Hearing community to serve on early intervention teams. The Disaster Coordinator, with consultation from the Deaf and Hard of Hearing Specialist, will ensure the availability of early intervention services for Deaf and Hard of Hearing people affected by the disaster. The Disaster Coordinator will consult with other pertinent staff of the Division of MH/DD/SAS to ensure the availability of early intervention services for other special populations affected by the disaster.

17. Mental Health Emergency Operations Centers

- a. Information Technology Team will provide for the operation of the hardware, software, and communication equipment needed to establish MH/DD/SAS EOC.
- b. The Disaster Response Leader will ensure the coordination of 24-hour staff coverage of MH Emergency Operations Center.

18. Evacuation

- a. State Operated Services will ensure that all State MH/DD/SAS institutions, for which they have administrative responsibilities, have a plan for evacuation of staff and consumers from disaster-affected facilities to those in non-affected areas as part of their facility disaster plan.
- a. While maintaining communication with the Disaster Response Team, each Director of State MH/DD/SAS institutions will coordinate acceptance of consumers to his/her facility from other affected facilities.

19. Financial

- a. The Budget Section will devise a system to document costs for equipment, supplies, and regular and overtime hours of personnel.

SECTION II – PLANNING AND PREPAREDNESS PHASE

PLANNING GUIDELINES FOR DIVISION OF MH/DD/SAS AND ITS SECTIONS AND OFFICES

Based on the contents of this Disaster Preparedness, Response, and Recovery Plan, the Division of MH/DD/SAS will develop an operations plan that specifies how the assigned responsibilities will be implemented. This plan will be reviewed and updated at least annually.

PLANNING GUIDELINES FOR LOCAL MANAGEMENT ENTITIES

1. Local Management Entities, including the members of their qualified provider network, are required to have disaster plans that meet the requirements of their accrediting bodies.
2. Each Local Management Entity is required to have a disaster plan that is service-area-wide in its focus and addresses disaster preparedness planning, response, and recovery on a county-by-county basis. The disaster plan must describe how it will address the probable disaster needs of the local community as well as the consumers of publicly funded MH/DD/SA services within the catchment area of the Local Management Entity.
3. Each Local Management Entity disaster plan is required to address the following elements as described (note - both state and local activities are described in the four phases):
 - a. **Planning and Preparedness activities**

The Planning and Preparedness phase includes the time period before a disaster. Activities include the development of plans and participation in local, regional, or statewide training exercises. Disaster plans need to include the role of the facility or center as a survivor and as a responder. Plans need to address internal lines of authority and action. Joint plans with the Emergency Preparedness authorities in local counties are also needed at the community mental health center level. This phase also includes the provision of appropriate training for staff and at least an annual update or revision of plans and a comprehensive review of the plan with all staff.
 - b. **Alert and Mobilization plans and activities**

The Alert and Mobilization phase includes the time period immediately preceding a forecasted disaster. Activities include activating the local and state disaster plans, notifying the local and state systems to go on Alert, forming the state level Disaster Response Team, setting up the MH/DD/SAS Emergency Operations Center and reassigning staff in preparation for the event. Other activities that take place during this phase include: brief orientation and training; assigning staff to stand-by status; deployment of staff to shelters and local

and state Emergency Operations Centers; assigning staff to needs assessment teams; early intervention teams, community relations teams, and disaster/incident hotlines (e.g., Governor's Hotline and Public Health Emergency Hotline); and taking inventory of supplies and equipment. This section outlines areas of responsibility for the pre-disaster warning period and the initial response activities and broadly describes procedures that will be followed.

c. **Response plans and activities**

The Response phase focuses on the manner in which disaster MH/DD/SA services are provided, from impact until the Recovery phase begins. During this period, which generally lasts no more than six to eight weeks, resources from within the MH/DD/SAS system are dedicated to the affected areas until the crisis is resolved or federally supported crisis counselors are hired to take over the longer term services needed by survivors. The two primary goals are: providing assistance in restoring the Local Management Entity; and stationing staff at congregate sites in the community where survivors are likely to be sheltered (if not previously deployed during the Alert and Mobilization phase) and where survivors will seek assistance (e.g., American Red Cross Disaster Response Centers). Disaster response activities include, but are not limited to: outreach to the public and MH/DD/SAS consumers; early intervention to individuals and families; counseling of responders; and identification of people in need of longer term crisis counseling or mental health services.

d. **Recovery plans and activities**

The Recovery phase addresses the provision of crisis counseling services to survivors for a nine-month period via the FEMA Regular Services Grant. These services are provided by full- or part-time temporary staff, usually indigenous workers with trained and experienced clinical supervisors. These services are provided through outreach and in community settings where survivors live, work, go to school, and congregate.

PLANNING GUIDELINES FOR STATE HOSPITALS, ALCOHOL AND DRUG ABUSE TREATMENT CENTERS, DEVELOPMENTAL CENTERS, AND SPECIAL CARE CENTERS

1. Each State MH/DD/SAS institution shall have a disaster plan that meets the requirements of their accrediting organizations.
2. Each institution's disaster plan shall include lists of primary staff contacts and their telephone/fax numbers and e-mail addresses by which those staff members may be reached. The lists shall also include back-up staff contacts who may be contacted in the absence of the primary staff contact persons. Staff contact persons should be designated as administrative/support staff or clinical staff. These lists shall be updated, at least, once per year.
3. Each State MH/DD/SAS institutions shall develop lists of staff who can be called upon, in the event of a disaster, to provide assistance to other facilities and Local Management Entities. Staff on the lists shall be separated into those with administrative/support skills and those with clinical skills. These lists should be updated, at least, every six months and provided to the Division Coordinator of Disaster Preparedness, Response and Recovery.
4. Each institution's disaster plan shall describe how the institution relates to and works with local and state Disaster Response Teams.
5. Each institution's disaster plan shall include a plan for the partial evacuation of the institution to an unaffected part of the complex or to another facility.
6. Each institution's disaster plan shall include a plan for the complete evacuation of the institution to another suitable, identified facility.
7. Each institution's disaster plan shall include instructions for housing evacuees from other institutions and community programs on an emergency basis.
8. Each institution's disaster plan shall provide guidelines to ensure that adequate staffing will be present in the institution to continue daily operations of each affected institution. This is especially important when designated staff members for those institutions are called to the field to provide early intervention, damage assessments, or other needed services during or after a disaster.
9. Each State MH/DD/SAS institution shall review and update their disaster plan at least annually and involve all staff in the process. When possible, it is recommended that the review and updating of disaster plans be conducted soon after a disaster, while the experience is still fresh in the minds of those who responded.

SECTION III – ALERT AND MOBILIZATION PHASE

GUIDELINES FOR ACTIVATING THE PLAN

The following are general guidelines. In all instances, the magnitude of the disaster shall be the determining factor regarding the response of the Division of MH/DD/SAS. Local Management Entities and State MH/DD/SAS institutions are expected to be proactive in assessing whether they need to respond to a local incident and in advising the Division of MH/DD/SAS regarding the need for outside assistance.

1. Community Incidents/Emergency Situations:

In situations where a small group of individuals in a community and/or in a portion of a State MH/DD/SAS Institution are affected by a traumatic event in one county, it is the responsibility of the Local Management Entity and/or State MH/DD/SAS institution to activate its disaster plan. When the plan is activated, the Local Management Entity and/or State MH/DD/SAS institution should notify the Disaster Response Leader of the Division of MH/DD/SAS immediately. In these situations, casualties and property losses are minimal and response is generally within the capability of the Local Management Entity and/or State MH/DD/SAS institution. Local Management Entities and State MH/DD/SAS institutions should develop a capacity to work with local community-based Crisis Response Teams at this level of event.

2. Small Scale Disasters:

When one or two Local Management Entities with two to four affected counties, and/or one entire State MH/DD/SAS Institution are affected by a disaster, this would qualify as a small-scale disaster. The responsibility for alert, response and recovery remains with the Local Management Entity and State MH/DD/SAS institution, though Division of MH/DD/SAS assistance may be needed. State level assistance would be available for needs assessment, deployment of outside assistance and possibly other necessary supports. Local Management Entities and State MH/DD/SAS institutions are responsible for activating their disaster plans and for notifying the Disaster Response Leader of the Division of MH/DD/SAS of their status and needs. If invited, Local Management Entity staff should immediately be deployed to county EOCs to monitor the impact of the disaster and to keep local and state staff advised of developing issues and needs.

3. Large Scale Disasters:

Any Presidential Declaration of Disaster or three or more Local Management Entities, with five or more disaster-affected counties constitute a large-scale disaster. The Division of MH/DD/SAS, Local Management Entities, and State MH/DD/SAS institutions will automatically activate their respective plans. Immediate contact should be made with the Disaster Response Leader of the Division of MH/DD/SAS, if at all possible. At the request of affected Local Management Entities or State MH/DD/SAS institutions, the Division of MH/DD/SAS will immediately

deploy a needs assessment team(s). The needs assessment will form the basis for determining the resources and support needs of the affected MH/DD/SAS system and area.

PROCEDURES FOR ACTIVATING THE PLAN

1. Notification:

- a. The Disaster Coordinator of the Division of MH/DD/SAS will be on call 24 hours/7 days per week to receive notification of disaster activation from the Disaster Coordinator of the Department of Health and Human Services. When such notification is issued, the Disaster Coordinator will immediately notify the Director of the Division MH/DD/SAS, Deputy Director, and the Disaster Response Leader. With respect to being on call 24 hours/7 days per week, the Disaster Response Leader will serve as the back-up person to the Disaster Coordinator.
- b. The Director, Deputy Director, Disaster Response Leader of the Division of MH/DD/SAS, are authorized to activate the Disaster Plan.
- c. If anyone other than the Director activates the Plan, the Director must be notified immediately after the event.
- d. The Disaster Response Leader will notify members of the Executive Leadership Team via telephone, e-mail and/or fax that the Plan is being activated and that they should notify their section staff, centers, hospitals, offices and units.
- e. The Disaster Coordinator will develop and update a list of Disaster Response Team members' telephone numbers, pager numbers, home addresses, fax, and e-mail addresses.
- f. All Section Chiefs of the Division of MH/DD/SAS will develop and update a list of their staff's' telephone numbers, pager numbers, home addresses, fax, and e-mail addresses.

2. Preliminary Actions:

- a. The Disaster Response Leader will activate a Division of MH/DD/SAS Emergency Operations Center (MH/DD/SAS EOC) immediately and publicize the phone and fax numbers. The Disaster Response Team will staff the MH/DD/SAS EOC. The Disaster Response Leader will determine, based on the need, the number of Disaster Response Team members to activate, and when such activation will occur.
- b. The Disaster Response Team, in collaboration with the disaster-affected state MH/DD/SAS institutions and Local Management Entities will formulate instructions to the disaster responders in the affected areas.

- c. A Disaster Response Team member or another member of the Division of MH/DD/SAS will staff the State EOC and function as a liaison between the State and MH/DD/SAS EOCs.
- d. The Disaster Response Leader will establish a rotation schedule for DRT members and other Division staff members who will serve as the MH/DD/SAS liaison at the State EOC and those DRT members who will be stationed at the MH/DD/SAS EOC.

ESTABLISHMENT OF THE MH/DD/SAS EOC:

The Disaster Response Leader is responsible for establishing and supervising the MH/DD/SAS EOC. The MH/DD/SAS EOC will be staffed 24 hours a day, if necessary, or for as long as the State EOC director requires, and serve as the point of contact between state level coordination and local needs, including assembling information about resource needs. The MH/DD/SAS EOC will be staffed by the members of the Disaster Response Team.

Several telephones, a TTY machine (for the Deaf and Hard of Hearing), a fax machine, and at least two computers will be available in the MH/DD/SAS EOC. The computer will have connectivity with the State EOC, and will include the EM2000 software system that is used by the Division of Emergency Management in order to communicate about resources needed in the disaster-affected areas. The EM 2000 Software will be updated as needed.

Actions of the Disaster Response Team of the Division of MH/DD/SAS:

The Disaster Response Team shall convene with the activation of the Disaster Plan of the Division of MH/DD/SAS or at the discretion of the Division Director or his/her designee(s) depending upon the magnitude of the disaster. It shall remain operational until the recovery phase begins. The Disaster Response Team will meet daily to review the status of the response, emerging needs and requirements, and assign tasks and areas of responsibility.

Establishment of Needs Assessment Teams

Needs Assessment Teams at the state and/or local levels will acquire information about the magnitude of the disaster with respect to casualties and damage incurred, the status and needs of the Local Management Entity/State MH/DD/SAS institution director, the capacity of staff from the affected area to respond and the needs of community leaders and the general public in the affected area.

1. Community Incidents/Emergency Situations:

Local Management Entities and State MH/DD/SAS institutions should plan for and conduct a needs assessment. The assessment should address the needs of victims, their families, by-standers or witnesses, responders and the community at large. It should also address service delivery in concert with existing community

based Crisis Response Teams. Early intervention services should be available for people directly impacted and public education provided to the community. Local Management Entities should move pro-actively in these events and not wait to be called. The Division of MH/DD/SAS will not activate its Disaster Plan unless resources are requested from the agency. If resources are requested, minimal activation of the Disaster Plan will occur, usually only requiring the efforts of the Coordination of Preparedness, Response, and Recovery.

2. Small Scale Disasters:

Local Management Entities and State MH/DD/SAS institutions should activate their plans. An assessment of the scope and magnitude of the event and the number of people affected directly and indirectly should be carried out as quickly as possible. Local mental health staff should begin early intervention services immediately. The Local Management Entity should call the Disaster Coordinator of the Division of MH/DD/SAS as soon as the plan is activated and keep the Disaster Coordinator apprised of the needs. If additional needs assessment assistance is needed, the Division of MH/DD/SAS will activate its plan to provide it.

3. Large Scale Disasters:

The Division of MH/DD/SAS will automatically activate its plan when large-scale disasters are predicted or occur without warning. At the request of affected Local Management Entities or State MH/DD/SAS institutions, the Division of MH/DD/SAS shall send needs assessment teams into the affected areas. These teams shall link with the Local Management Entities at the County EOCs unless other arrangements are made beforehand. The needs assessment staff of the Division of MH/DD/SAS will work with Local Management Entity staff to determine the full impact of the event and the needs resulting from it. If necessary, the needs assessment team members of the Division of MH/DD/SAS may remain in the affected area until a response is organized. The needs assessment will form the basis for determining the resources and support needs of the affected MH/DD/SAS system and area.

The Disaster Response Team of the Division of MH/DD/SAS will coordinate the deployment of the state needs assessment teams.

NEEDS ASSESSMENT CHECK LIST

A checklist will be sent with the needs assessment teams of the Division of MH/DD/SAS and is recommended for use by local teams when smaller scale disasters occur. Completed needs assessment checklists will be reviewed by the Disaster Response Team of the Division of MH/DD/SAS, which will then formulate its response to small and large-scale disasters.

CONDUCTING THE NEEDS ASSESSMENT

1. Needs assessment of the Local Management Entities/State MH/DD/SAS institutions will include an assessment of the status and needs of the staff who were affected by the disaster and their capacity to respond, estimated number of casualties and the amount and kind of assistance needed.
2. In large scale or Presidential Declared disasters, the Division of MH/DD/SAS Needs Assessment Team will consist of one or two clinicians in conjunction with a Local Management Entity/State MH/DD/SAS institution employee from the affected area. One member of the Needs Assessment Team of the Division of MH/DD/SAS may be required to stay at the County EOC as a primary contact person until a full response is organized, but no more than 24 hours. When multiple counties are impacted by a disaster, there may be a need for more than one Needs Assessment Team.
3. **Needs Assessment Team shall:**
 - a. establish contact with the disaster-affected Local Management Entities through the county EOCs and the county EOC Director and at the facility site in the event that a State MH/DD/SAS institution is affected;
 - b. contact the Division of MH/DD/SAS EOC on arrival in the disaster-affected area, and will communicate with the MH/DD/SAS EOC as often as necessary in large-scale disasters.
 - c. Utilize the prepared needs assessment checklist with the greatest accuracy and detail possible.
4. **Orientation, Training and Instructions:**

Orientation of and instructions to the Needs Assessment Teams of the Division of MH/DD/SAS will be provided by the Disaster Response Team of the Division of MH/DD/SAS, in conjunction with the Communication and Training Section. The scope and nature of the event, potential problems that may be encountered, requirements for establishing contact in the affected counties, and maintaining contact with the MH/DD/SAS EOC will be outlined.

ESTABLISHMENT OF EARLY INTERVENTION TEAMS

1. The Disaster Response Team of the Division of MH/DD/SAS, with the assistance of the State Operated Services Section will develop a mechanism for the State MH/DD/SAS institutions to notify the MH/DD/SAS EOC of staff who are on standby or available to report for immediate deployment to affected areas to provide early intervention services.

2. Rosters and schedules shall be maintained by the Disaster Response Team regarding early intervention teams on standby and in the field documenting:
 - a. their names;
 - b. the name of the sending Local Management Entity/State MH/DD/SAS institution;
 - c. their professional discipline; affiliation; or clinical specialty (e.g., psychosocial rehabilitation, addictions);
 - d. children and their families, crisis stabilization, etc);
 - e. their field location;
 - f. their immediate supervisors name;
 - g. their rotation dates;
 - h. their expected date of return to regular duty following their early intervention rotation; their availability for subsequent rotations; and
 - i. their plan and schedule for operational debriefing and counseling, if needed.

ALTERNATE PLAN FOR DIVISION OF MH/DD/SAS DISASTER COORDINATION

1. In the event of the individual incapacitation of Disaster Response Team members, back-up Disaster Response Team members will be activated to replace those who are incapacitated.
2. If the entire Disaster Response Team of the Division of MH/DD/SAS is incapacitated for an extended period of time, the Director of the John Umstead Hospital (the alternate site for the MH/DD/SAS EOC) will activate the Disaster Plan of the Division of MH/DD/SAS at the alternate site for the MH/DD/SAS EOC, and form a Disaster Response Team from available personnel who have had experience in disaster preparedness, response, and recovery. As soon as a member of the Disaster Response Team of the Division of MH/DD/SAS is able to re-locate to the alternate site, he/she will assume overall responsibility for the MH/DD/SAS EOC as well as the statewide mental health response and recovery activities.
3. In the event that the Albemarle Building in Raleigh is incapacitated during a disaster, the alternate site for the MH/DD/SAS EOC will be the John Umstead Hospital.
4. At the alternate site for the MH/DD/SAS, the Director of the John Umstead Hospital will have the same authority to ensure disaster response as the Director of the Division of MH/DD/SAS and the Division's Disaster Response Team, until the Director of the Division of MH/DD/SAS and/or a member of the Division's Disaster Response Team can resume his or her responsibilities.

SECTION IV – THE RESPONSE PHASE

ACTIONS OF THE DISASTER RESPONSE TEAM OF THE DIVISION OF MH/DD/SAS

The Disaster Response Team of the Division of MH/DD/SAS will meet daily in this phase of the disaster to insure a steady flow of information, staff, supplies, and equipment to affected areas. The focus of coordination will be problem identification and resolution, with responsibilities assigned to members of their staff as needed and required.

NEEDS ASSESSMENT

1. Responsibility for needs assessment will be with the Disaster Response Team, with support from the Quality Improvement Team. The Quality Improvement Team will coordinate the collection, summary, and interpretation of needs assessment data.
2. The Disaster Response Team of the Division of MH/DD/SAS will:
 - a. receive and summarize data from the needs assessment team in the field, with assistance from the Quality Improvement Team;
 - b. insure the FEMA/State briefings are attended daily at the Disaster Field Office and/or will review daily FEMA/State briefing reports to obtain updated damage assessment and to report data from the response activities of the Division of MH/DD/SAS; and
 - c. coordinate data collection from FEMA, Red Cross, State Emergency Response officials; and
 - d. supervise and coordinate the preparation of the Immediate Services and Regular Services grant applications in a Presidential Declared disaster.

RESPONSE COORDINATION:

1. In general, Early intervention Team leaders will be Division of MH/DD/SAS, State MH/DD/SAS institution, or Local Management Entity employees with previous disaster response experience, clinical expertise, and hold program management or middle management roles in their respective agencies.
2. The Division of MH/DD/SAS, State MH/DD/SAS institutions, and Local Management Entities will provide, to the Disaster Response Team, a list of staff who are recommended to perform leadership functions on the Early intervention Teams.
3. Team leaders will be trained by the Disaster Response Team of the Division of MH/DD/SAS, with support from the Communication and Training Team, when such training becomes available or prior to going into the field in a Disaster situation.

STRUCTURAL RELATIONSHIPS:

1. Early Intervention Team Leaders are responsible to the Disaster Response Team of the Division of MH/DD/SAS in carrying out their overall mission.
2. Early Intervention Team Leaders and members, while responsible to the Disaster Response Team of the Division of MH/DD/SAS for their overall mission, report to the Local Management Entity/State MH/DD/SAS institution director or his/her designee on site regarding continued participation on the Early Intervention Teams.
3. The Disaster Response Team, in consultation with the disaster-affected Director of Local Management Entity/State MH/DD/SAS institution or his/her designee, will advise the Early Intervention Team Leaders about where and to whom to report at the disaster site.
4. Early Intervention Team members, regardless of what office, Section, Local Management Entity, or State MH/DD/SAS institution they come from or whether they are non-Division employees, will receive clinical supervision from the Early Intervention Team Leaders.
5. Early Intervention Team Leaders have the authority and responsibility to send team members to their home base if, in the judgment of the Team Leader, the team member is unable to carry out the necessary tasks for any reason.

EARLY INTERVENTION TEAM DEVELOPMENT AND OPERATION:

Teams are constituted by clinical and paraprofessional staff from DMH/DD/SAS, State MH/DD/SAS facilities, and Local Management Entities, who are primarily from the unaffected areas of the state. Their purpose is to provide early intervention services to responders, community leaders and the general public who are experiencing emotional stress and trauma that follows a disaster experience.

1. Team Functions:

- a. Teams provide early intervention, and support to survivors when the disaster exceeds the Local Management Entity's or State MH/DD/SAS institution's capacity to respond effectively. Teams may be asked to provide operational assistance to Local Management Entities and State MH/DD/SAS institutions and supplemental assistance to Disaster Response Centers, Disaster Application Centers, Emergency Operations Centers, shelters, feeding and relief sites, FEMA personnel and other agencies responding to the disaster.
- b. Teams provide early intervention services to the survivors, including active listening, supportive counseling, problem identification and resolution, information, education, referral, active or concrete assistance, advocacy, and reassurance.

- c. Teams make referrals to Local Management Entities for survivors whose response, needs, and history makes them especially vulnerable to the stress of the event and subsequent or worsening mental health problems. These individuals may require more intense support, such as MH/DD/SAS services. Team members will engage in non-traditional services and interventions at unusual sites. For example, teams may accompany FEMA or other Federal/State disaster responders in outreach activities, serve food at feeding sites, help in the relocation of people, supplement staffing of shelters by staying in them at night, operate child care centers at Disaster Response Centers, remove debris, as needed, etc.
- d. Team members are responsible for documenting their contacts daily (contact forms will be developed and appended to this document).
- e. Team leaders are responsible for summarizing contact data and reporting it daily to the Disaster Response Team of the Division of MH/DD/SAS, which will receive technical assistance from the Quality Improvement Team and/or the Information Technology Team.
- f. Qualified MH/DD/SAS professional members of the Early intervention Teams may be asked to provide MH/DD/SA treatment in special circumstances, where regular Local Management Entity clinical staff are unavailable for their consumers due to the disaster.

2. Team Structure:

- a. Team Leaders may organize their members into smaller teams for purposes of carrying out specific functions like counseling responders and providing outreach to shelters and congregate sites.
- b. Team Leaders may assign supervision responsibility to individual team members for other team members.
- c. While team members may represent several Local Management Entities and/or State MH/DD/SAS institutions, they are under the direct supervision of the Team Leader or the Leader's designee(s) while in the field.
- d. Though Team Leaders and members may come from different Local Management Entities and/or State MH/DD/SAS institutions, members of each team go into the area together and complete their rotation together and come out together.

3. Team Configuration:

- a. Team Leaders will be selected on the basis of their leadership skills, expertise, training, and previous disaster experience.
- b. The make up of teams will be multi-disciplinary and multi-cultural. Efforts will be made to ensure that teams include Spanish-speaking members when such persons are available.
- c. The configuration of disciplines and specialties may vary depending on the response needed.

4. Team Call Up Procedure:

- a. The initial response will be made by the Needs Assessment Teams, which are coordinated by the Disaster Response Team of the Division of MH/DD/SAS.
- b. Needs Assessment Teams will report their findings to the Disaster Response Team of the Division of MH/DD/SAS.
- c. The Disaster Response Team of the Division of MH/DD/SAS will set in place a process for activating teams and team leaders.
- d. All teams will report to the prearranged site for training, briefing, orientation and assignment. Team Leaders shall have the authority to send members home when, in the judgment of the team leader or center director, the member is unable to function in the interest of the whole team or the consumers and survivors being served.

5. Team Assignment:

- a. Teams will be assigned to the Local Management Entity service areas affected by the disaster, which might be a single or multi-county area.
- b. Teams will provide early intervention services to Local Management Entity staff, county EOC staff, responders and service providers in the area and to the general public.
- c. Teams will conduct outreach to outlying or rural areas, supplement staffing at shelters and congregate feeding and relief sites, supplement staff at Disaster Response Centers, conduct interventions at schools, work sites, governmental offices, health care institutions, with public safety personnel, survivor/responders, etc.
- d. Teams will assist Local Management Entity personnel in locating consumers and re-establishing services.

6. Team Rotation:

- a. The following guidelines may vary depending upon the scope and nature of the disaster and varying needs and stresses as the response effort matures.
- b. Team Leaders and members should serve in the field no longer than four full and continuous days on site (exclusive of travel time) in a single rotation. On the final day the outgoing team leader will brief the incoming team leader.
- c. Team Leaders and members should plan a reasonable amount of time for rest while in the field, but no less than eight (8) continuous hours in each twenty-four-(24) hour period.
- d. Each team is required to meet at the end of the day or shift and prior to assignment to shelters for the night, to share information, plan for the next day's work and process the emotional aspects of the day's activities together.
- e. Team Leaders and members are required to leave the disaster area and return home for at least ten (10) full days before serving a subsequent rotation.
- f. Team Leaders and members shall receive the next two (2) full scheduled working days off as Administrative Leave beginning the day after their return to their home communities. The leave must be taken at this time. It cannot be considered Compensatory Time to be taken at a later date.

- g. Counseling is voluntary for all staff involved in disaster response.

SUPPORT SERVICES:

1. Provisions for Teams:

Coordination with the Division of Emergency Management, Division of Social Services, Local Management Entities, and State MH/DD/SAS institutions will be required for the procurement, coordination, and dissemination of supplies, equipment and other resources needed by teams responding to the disaster.

2. Assignment of Vehicles:

Coordination with the Division of Emergency Management, Division of Social Services, and the State Motor Pool will be required for the assignment, deployment, servicing and maintenance of vehicles for staff requiring transportation to a disaster site and on-site transportation.

3. Facility and Office Building Repairs and Debris Removal:

Each Local Management Entity and State MH/DD/SAS institution will be responsible to deploy appropriate staff to effect repairs on and remove debris from their damaged facilities, so as to make them operable and/or to protect the property. If requested, the Division of MH/DD/SAS will provide assistance with these tasks, within the resources that are available.

4. Medical and Medication Supplies and Equipment:

- a. The Chief of Clinical Policy for the Division of MH/DD/SAS is responsible for maintaining a list of essential medications (e.g., methadone, anxiolytics, anti-depressants, etc.) and medical equipment that might be needed in the event of a disaster.
- b. Medications and equipment should encompass a broad range of acute medical conditions that disaster survivors are likely to need including, but not limited to, psychiatric conditions.
- c. Through collaboration with the Division of Emergency Management Services, the safe and secure transport of medications and equipment to the disaster sites will be arranged by the Disaster Response Team.

OPERATIONAL DEBRIEFING PROCEDURES:

Operational debriefing encompasses the exchange of information for purposes of planning and coordinating services.

1. Process Debriefing:

- a. While in the field, team members will have an opportunity to process the day's activities and the plans for the next day with their team leader.
- b. While in the field, team leaders will check in daily with the Disaster Response Team of the Division of MH/DD/SAS to have an opportunity to process the day's work and to report their own and their team's challenges.

2. Post Rotation Counseling:

- a. All employees who carry out fieldwork in the affected area will have an opportunity for, at least, one counseling session in their home community before returning for a subsequent rotation.
- b. Participation in or opting out of post rotation counseling will be documented by a roster of those leading the counseling and those attending the debriefing.
- c. The Disaster Response Team of the Division of MH/DD/SAS will organize counseling sessions for responders.
- d. Response workers may receive counseling within five to seven days of returning to their home State MH/DD/SAS institution, Local Management Entity, or Division of MH/DD/SAS (these counseling sessions may occur during the employee's Administrative Leave period).
- e. Post rotation counseling will be arranged as needed for each group of response workers.

3. Counseling for Staff in Affected Local Management Entities/State MH/DD/SAS institutions:

- a. Staff in affected areas (survivors) will be offered the opportunity to receive counseling daily by response team members.
- b. Staff in affected areas will be offering counseling weekly during the Recovery Phase for up to six (6) weeks.

4. Counseling for the Disaster Response Team of the Division of MH/DD/SAS:

If resources are not available within the MH/DD/SAS system, the Contracts and Administration Section will establish a contract with a trauma-counseling agency to provide state level staff with an opportunity for counseling.

Plans for counseling will be established and coordinated prior to the disbandment of the Disaster Response Team of the Division of MH/DD/SAS.

SECTION V – RECOVERY PHASE

Recovery Phase begins when either the Local Management Entities return to normal operations and provide long-term crisis counseling services to survivors, or response teams are replaced by temporary full-time crisis counselors. In a Presidentially declared disaster, these counselors will be hired with funds from FEMA, administered through the Center for Mental Health Services. In the event the disaster is not Presidentially declared, the Division of MH/DD/SAS may have to support within available resources the hiring of full-time temporary crisis counselors, if providing this service to survivors is beyond the existing financial capacity of the affected Local Management Entities.

DISASTER RESPONSE TEAM OF THE DIVISION OF MH/DD/SAS

The Disaster Response Team of the Division of MH/DD/SAS will be disbanded when the Recovery Phase begins six (6) to eight (8) weeks, post event. The Disaster Response Team will transfer responsibility for service coordination to the Local Management Entities for managing the on-going early intervention, including any crisis counseling services. The Disaster Response Team will continue to assist with Immediate and Regular Services Grant preparation and implementation.

NEEDS ASSESSMENT

The needs assessment function will become one of case finding and establishing referral mechanisms between crisis counseling programs and FEMA, DSS, and other entities who will encounter persons at risk.

CRISIS COUNSELING SERVICES

These services will be provided by existing local staff when it is within their capacity to do so. If supplemental staff are needed, the following provisions apply:

1. The Disaster Coordinator of the Division of MH/DD/SAS will serve as project manager to implement and supervise a State supported program of counseling services, if funding permits, or the Federally funded Immediate and Regular Services Grant Programs.
2. With the support of the Office of Human Resources and with the active involvement of the Local Management Entity Directors, Communication and Training Team, and the Disaster Coordinator, a process for recruiting, screening, hiring, training, and deploying crisis counseling staff will be negotiated.
3. As a general guideline, FEMA funded crisis counselors will be people who are indigenous to the affected area and who are supervised by trained clinical staff.
4. The Recovery Phase will last from six (6) to twelve (12) months, depending on the needs.

5. The final 60 days of the project will focus on termination of counselors with their consumers and with their jobs.
6. The Focus of Services and Training of Crisis Counselors:
 - a. Local crisis counselors will provide primarily home based and community based services; outreach will be an integral and primary means of reaching survivors. The Disaster Coordinator of the Division of MH/DD/SAS will ensure that crisis counselors are trained throughout their tenure. Appropriate training may be delivered by Division of MH/DD/SAS staff or by contract staff with special expertise.
 - b. Crisis counselors will be trained to provide crisis counseling to local groups impacted by the event who served as responders and were also survivors. Crisis counseling training will emphasize the development of cultural competence.
 - c. Services will be culturally appropriate and focus on active listening, normalization of emotional responses, problem definition and resolution, advocacy, linkage, support, affirmation, support network development or re-establishment, education, information and referral. Training will encompass such topics as cultural competence, active listening skills, basic counseling skills, typical and atypical responses to catastrophic events, issues unique to children and elderly, knowledge of available resources and how to access those, advocacy that supports consumers' access to services for which they are eligible, active referral and follow-up principles, grief counseling principles, anger management, conflict resolution and defusing, education, and consultation techniques.
 - d. Priority populations will be children and their families, people in poverty, the elderly, persons with sensory and other disabilities, including developmental disabilities, persons with serious and persistent mental illness, and person who are at high risk for experiencing crises.
7. Within three (3) months after the conclusion of the Recovery Phase, an evaluation will be done of the plans and preparation, alert and mobilization and response and recovery phases to revise, refine, and improve the capacity of the Division of MH/DD/SAS to respond.

GLOSSARY

American Red Cross (ARC) – A humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement that provides relief to survivors of disasters and help people prevent, prepare for, and respond to emergencies.

Common Function (CF) – A CF constitutes an emergency management activity or constellation of activities that are common to any disaster situation regardless of the hazard by which it was caused.

Community Health Assessment Team (CHAT) – A multi-disciplinary group, formed by the Department of Health and Human Services, including staff from the Divisions of Social Services, Mental Health/Developmental Disabilities/Substance Abuse Services, Public Health, and Emergency Management, that provides individual screening of needs immediately following a disaster, referral to needed resources, and disaster recovery information to survivors.

Community Relations Team - The role of a Community Relations Team is to provide a visible presence of support within the disaster area. Community Relations Teams are deployed within the disaster area, assessing the magnitude of impact upon the community as well as providing community leaders and citizens information of the disaster assistance process and assistant programs. The Teams are typically composed of a Federal Emergency Management Agency representative and one or more representatives from state agencies, including staff from the Department of Health and Human Services.

Crisis Counseling Program (CCP) – FEMA funded grant program to provide crisis counseling to survivors of a disaster, within either a 60 day period or a 9 month period, following the disaster occurrence.

Disaster Response Center (DRC) – The primary entity for delivery of assistance to individual disaster victims. It is set up by local government. The DRC is a one-stop processing center for individuals to apply for many government disaster relief programs.

Disaster/Emergency – A disaster and an emergency can both be described as any natural or human-caused event, which threatens or causes excessive morbidity, mortality, and/or loss of property. Disaster and emergency are used interchangeably whenever a situation calls for a crisis response. However, emergencies can be handled with resources that are routinely available to the community. A disaster calls for a response and resources that exceed local capabilities.

Disaster Field Office (DFO) – The office that is established in or near the designated area to support Federal and State response operations.

Disaster Response Team (DRT) – The Division Director, Deputy Director, each Section Chief, Chief of Clinical Policy, Planning Team Leader and staff, Communications and Training Team Leader, Division Affairs Team Leader, and staff of the division who have volunteered to serve at the Emergency Operations Center (EOC).

Early Intervention (from National Institute of Mental Health, 2002) - The provision of psychological help to victims/survivors within the first month after a critical incident, traumatic event, emergency, or disaster aimed at reducing the severity or duration or event-related distress. For mental health service providers, this may involve psychological first aid, needs assessment, consultation, fostering resilience and natural supports, and triage, as well as psychological and medical treatment.

Emergency Management (EM) – The organized analysis, planning, decision-making, and assigning and coordinating of available resources, for the purpose of preparing for, responding to, or recovering from major community-wide emergencies and disasters.

Emergency Medical Services (EMS) – Local medical response teams, usually rescue squads or local ambulance services that provide medical services during a disaster.

Emergency Operations Center (EOC) – A protected site, from which government officials and emergency response personnel exercise direction and control in an emergency. The Emergency Communications Center is usually an essential part of the EOC.

Federal Emergency Management Agency (FEMA) – An independent agency of the federal government, which reports to the President. The agency's mission is to "reduce loss of life and property and protect our nation's critical infrastructure from all types of hazards through a comprehensive, risk-based, emergency management program of mitigation, preparedness, response, and recovery."

Immediate Services Program (ISP) – A grant award, from FEMA to a state, to provide crisis counseling to survivors of a disaster within a 60 day period, following the disaster occurrence.

Major Disaster – As defined under P.L. 93-288, a major disaster is any natural catastrophe, (including any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mud slide, snowstorm, or drought), or regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act, that serves to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Mass Care – Mass Care consists of activities to provide shelter, feeding, first aid and distribution of relief supplies to disaster survivors, following a catastrophic natural disaster or other catastrophic event.

Memorandum of Understanding (MOU) – A document that is negotiated between organizations or legal jurisdictions, for mutual aid and assistance in times of need. An MOU usually contains information on organizational structure and responsibility, assigned or delegated authority, financial considerations (who pays for the expense of operations), liability (who is liable for personal or property injury or destruction during response operations), and commercial considerations (appropriate statements of non-competition of government resources with private enterprise).

Mental Health Treatment – Includes professionally conducted assessment, therapies, and treatment that are provided to persons who usually qualify for or already have a mental health diagnosis.

MH/DD/SAS Emergency Operations Center (MH/DD/SAS EOC) – The center for coordinating statewide mental health response and recovery activities following a disaster. The Disaster Response Team operates from this center.

Mitigation – Actions and activities directed toward eliminating or reducing the risk of disaster occurrence or sequelae. Mitigation may include changes in land use management; safety and rules and regulations; building codes/specifications; flood proofing; and disseminating information to the public.

Mutual Aid Agreement – A formal or informal understanding between jurisdictions that pledge exchange of emergency or disaster assistance.

Needs Assessment Team – A group of mental health professionals, led by a member of the Disaster Response Team, who are sent to disaster-affected areas to determine the needs of the local mental health/developmental disabilities/substance abuse service programs as well as the mental health needs of the survivors of the disaster.

North Carolina Emergency Operations Plan (NCEOP) – The State plan designed to cover all natural and man-made emergencies and disasters, which threaten the State.

Operational Debriefing (from National Institute of Mental Health, 2002) - A routine individual or group review of the details of an event from a factual perspective, for the purposes of:

- Learning what actually happened for the historical record or planning process,
- Improving future results in similar missions, and
- Increasing the readiness of those being debriefed for further action.

Operation debriefings are conducted by leaders or specialized debriefers according to the organization's standard operating procedure.

Preparedness – Activities that facilitate disaster response to save lives and minimize damage. These include the development of shelter and evacuation plans; the establishment of warning and communication systems; the training of emergency response personnel; and the conducting of tests and exercises.

Primary Agency – The State department or agency assigned primary responsibility to manage and coordinate a specific Common Function. Usually, a given primary agency is designated such because it has the most statutory authority, resources, capabilities, or expertise relative to accomplishing a specific Common Function. Primary agencies are responsible for overall planning and coordination of the delivery of Common Function related State assistance to the SERT in conjunction with their Support agencies.

Psychological First Aid (from National Institute of Mental Health, 2002) - Pragmatically oriented interventions with survivors or emergency responders targeting acute stress reactions and immediate needs. The goals of psychological first aid include the establishment of safety (objective and subjective), stress-related symptom reduction, restoration or rest and sleep, linkage to critical resources, and connection to social support.

Recovery – Assistance provided to return a community to normal or near-normal conditions. Short-term recovery returns vital life-support systems to minimum operating standards. Long-term recovery may continue for a number of years after a disaster and seeks to return life to normal or improved levels. Recovery activities include, temporary housing, loans or grants, disaster unemployment insurance, reconstruction, and counseling programs.

Regular Services Grant (RSG) – A grant award, from FEMA to a state, to provide crisis counseling to survivors of a disaster within a nine month period, following the termination of an Immediate Services Project.

Response – Activities that occur immediately before, during, or directly after an emergency or disaster. This includes lifesaving actions, such as the activation of warning systems, staffing the EOCs, implementation of shelter or evacuation plans, search and rescue, and provision of emergency medical services.

State Emergency Response Team (SERT) – A team of senior representatives of state agencies, state level volunteer organizations, and state level corporate associations who have knowledge of their organizations' resources and have the authority to commit those resources to emergency response. SERT operates from the State EOC and the Director of EM serves as the SERT leader.

Support Agency – A State department or agency that is designated to assist with available resources, capabilities, or expertise in support of the Common Function response operations, under the coordination of the Primary Agency.

REFERENCE

National Institute of Mental Health (2002). *Mental health and Mass Violence: Evidence-Based Early Psychology Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.